

California HIV/AIDS Update



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AIDS Among African Americans in California, 1982-1997

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Introduction

As within all of the United States, the AIDS epidemic in California has impacted African Americans more than any other racial/ethnic group. This article attempts to describe this disparity within California and explores some of the epidemiologic dynamics of AIDS among the state's African American population. Periodically, the California Department of Health Services, Office of AIDS (OA) publishes a report on racial/ethnic trends of the AIDS epidemic in California, and here results from the 1998 edition of *AIDS among Racial/Ethnic Groups in California* are used. This edition used data collected by the OA through November 30, 1998, for all AIDS cases diagnosed in California through December 31, 1997, which created an opportunity to examine trends in the period 1982-1997.

Quantifying the disparity in California

To quantify the disparity of the impact of AIDS on California's African American population, racial/ethnic-specific AIDS incidence rates were calculated. The number of Californians within the largest five racial/ethnic groups (white/Caucasian, Latino/a, African American, Asian/Pacific American, and Native American) were provided by the California Department of Finance, which estimates these numbers via census-based projections. The OA monitors the number of annual AIDS cases in California within each of these racial/ethnic strata (along with other demographic strata). Estimates of annual AIDS incidence among these five racial/ethnic groups are plotted in Figure 1 (from 1982-1996). From this trend plot, one sees an extreme

escalation in AIDS incidence among African Americans in California between 1986 and 1992, with a decrease thereafter. Before 1986, AIDS incidence among African Americans was about equal to that among whites, but since 1992 incidence among African Americans has been more than double that among any other racial/ethnic group. The culmination of these trends (looking at 1996 only) is shown in Table 1. For 1996, the percent of African Americans among California AIDS cases was more than three times the percent of African Americans among California's whole population. The percent of all other racial/ethnic groups among California AIDS cases was less than the percent of each among California's whole population (Table 1).

TABLE 1. Comparison of percent of population* with percent of AIDS cases for the five largest racial/ethnic groups in California, 1996.

<i>Racial/ethnic group</i>	<i>Percent of population, 1996</i>	<i>Percent of AIDS cases, 1996</i>
White/Caucasian	52.9	50.1
Latino/Latina	28.8	25.0
African American	7.0	21.5
Asian/Pacific American	10.7	2.7
Native American	0.6	0.5

*Population estimates provided by the California Department of Finance

Disparity in the percentage of female cases

The percent of AIDS cases who are female has been rising in California as well as in the whole United States, and African Americans within California have had the highest percentage among all racial/ethnic groups. The percentage of cumulative (through 1997) African American cases that are female (14.7%) is over twice that for the state as a whole (6.9%). About 7% of African American AIDS cases in 1987 were female; ten

years later in 1997 it more than tripled to 21.4% (the female percentage among all racial/ethnic groups was 12.2% in 1997). A trend plot showing the percent of females among AIDS cases among racial/ethnic groups is shown in Figure 2. All racial/ethnic groups show an increasing trend in this percentage, but African Americans have had the highest percentage and whites the lowest, with the Latino and Asian/Pacific American subgroups between them. Moreover, since 1992, the rate of increase has been most dramatic among African Americans, and hence the gap that separates this subgroup has widened recently.

Disparity in the reported mode of HIV exposure

For AIDS cases among all racial/ethnic groups in California, African Americans have the highest reported proportion of injection drug use (IDU) exposure to HIV, but the lowest proportions of sexual exposures to HIV (with male cases from the combined IDU/sex with men category excluded). A comparison of the (gender-specific) percentages of cumulative AIDS cases among racial/ethnic groups in California reported with IDU as the only exposure to HIV is obtainable from the tables in the last half of this Update. Also obtainable are the percentages of cumulative male cases reported with gay/bisexual contact as the source of HIV infection and of cumulative female cases reported with heterosexual contact as the source of HIV infection.

The time trend plot in Figure 3 of the percent of annual AIDS cases reported with IDU HIV exposure among racial/ethnic groups suggests how the disparity of IDU cases among California African Americans has evolved. The percent of IDU cases among annual cases has been the highest for African Americans since 1985, and this disparity climbed dramatically during 1986-1992, which is the same time period when AIDS incidence among African Americans escalated (see Figure 1). Hence the substantial rise in AIDS incidence among California African Americans during 1986-1992 can (at least in part) be traced to an increase of IDU exposure to HIV among this subpopulation (probably starting in the early 1980s, allowing time between HIV

infection and AIDS diagnosis). AIDS incidence among African Americans in California decreased significantly during 1992-1996, but the percent of annual cases reported with IDU exposure among this subpopulation remained steady during this time period.

Recent age trends for annual African American cases

When considering the age distribution among annual African American AIDS cases in California, gender-neutral and gender-specific trends are apparent. The 1998 edition of *AIDS among Racial/Ethnic Groups in California* used the age intervals 0-12, 13-19, 20-29, 30-39, 40-49, and 50 or older (in years), and the last four of these are used here starting in 1991. The percentages of annual cases coming from these age intervals follow the same rank for both genders, namely (in descending order) 30-39 years, 40-49 years, 20-29 years, and lastly 50 years or older (Table 2).

The percent of annual cases coming from the 20-29 age group has been clearly higher among African

American women than African American men since 1991 (Table 2). However, the percent of annual cases from the 30-39, 40-49 and 50 years or older groups have been higher (with few exceptions) among African American men since 1991 (Table 2). This suggests that for African Americans in California, female AIDS cases may generally be younger than male AIDS cases.

Conclusion

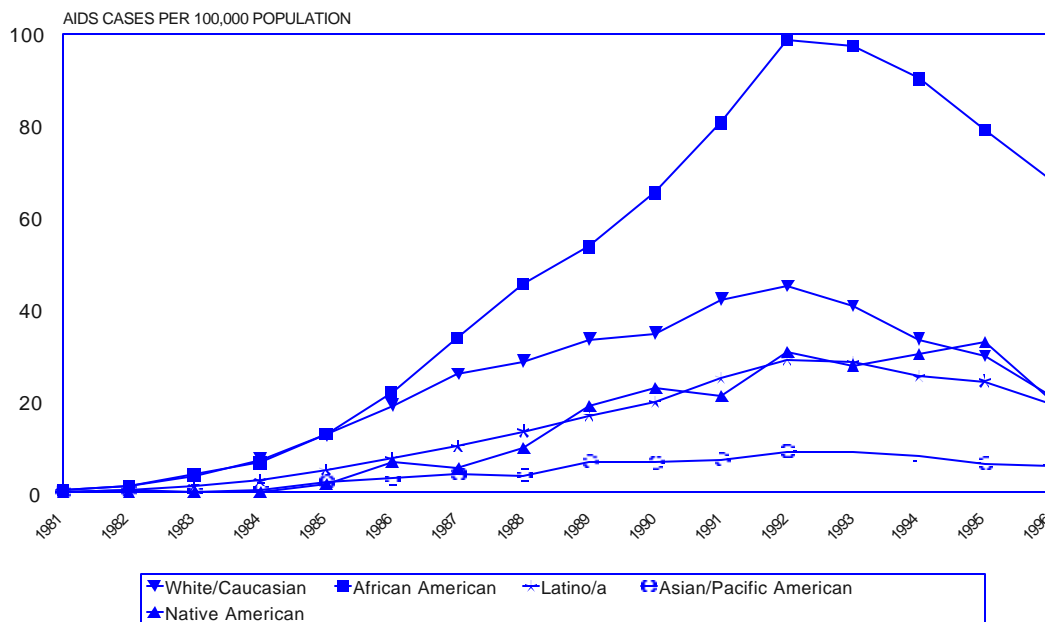
African Americans in California have been disproportionately impacted by the HIV/AIDS epidemic. There are certain aspects of the epidemic within California African Americans unique to this subpopulation, particularly the high percentage of cases reported with IDU HIV exposure. There are also slight differences between the genders in the age distribution of the epidemic. Analyzing epidemiologic data that are specific to a racial/ethnic group can be valuable in formulating education and prevention programs tailored to this group.

Table 2. Comparison between genders of the percent of African American AIDS cases coming from four age groups in California, 1991-1997.

		Year of AIDS diagnosis						
		1991	1992	1993	1994	1995	1996	1997
Percent of African American cases 20-29 years old	Male	16.0	14.2	15.4	12.8	14.0	11.4	12.7
	Female	18.8	17.7	20.4	17.8	17.6	16.6	16.4
	Difference*	-2.8	-3.5	-5.0	-5.0	-3.6	-5.2	-3.7
Percent of African American cases 30-39 years old	Male	47.9	45.2	45.0	44.3	43.5	47.5	43.8
	Female	43.5	47.1	40.8	39.1	39.7	42.7	40.8
	Difference*	4.4	-1.9	4.2	5.2	3.8	4.8	3.0
Percent of African American cases 40-49 years old	Male	25.2	29.3	28.3	32.6	30.3	29.2	30.3
	Female	23.7	26.3	26.0	27.8	31.6	29.5	29.0
	Difference*	1.5	3.0	2.3	4.8	-1.3	-0.3	1.3
Percent of African American cases at least 50 years old	Male	10.1	10.6	10.8	9.7	11.3	11.3	12.5
	Female	8.7	7.2	8.9	11.0	7.2	9.5	12.2
	Difference*	1.4	3.4	1.9	-1.3	4.1	1.8	0.3

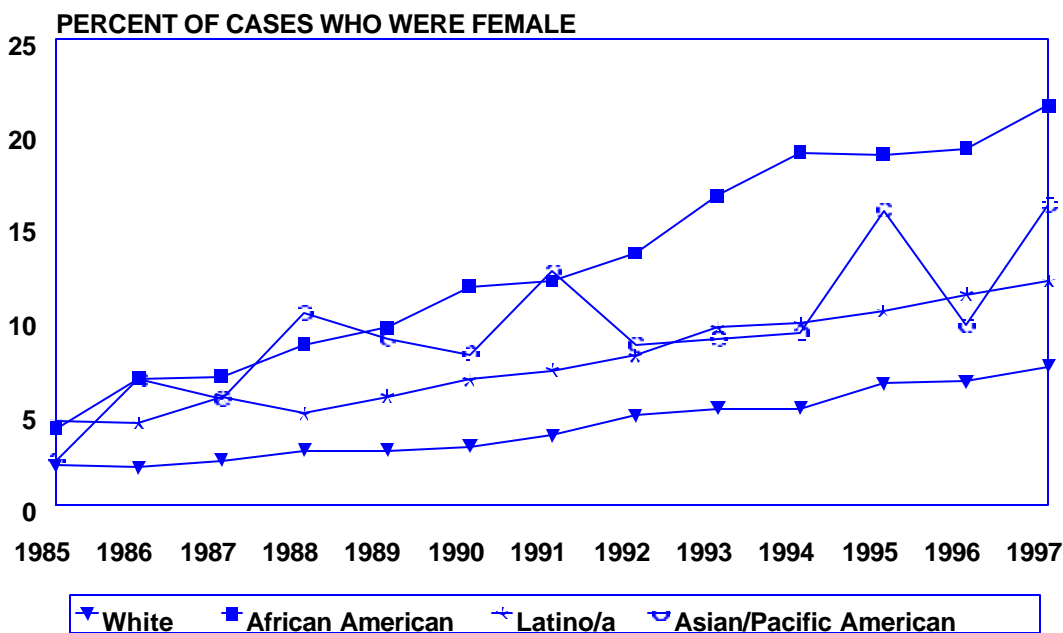
*Difference = (% for Males) - (% for Females)

Figure 1
AIDS Incidence in California for Racial/Ethnic Groups by Year of Diagnosis



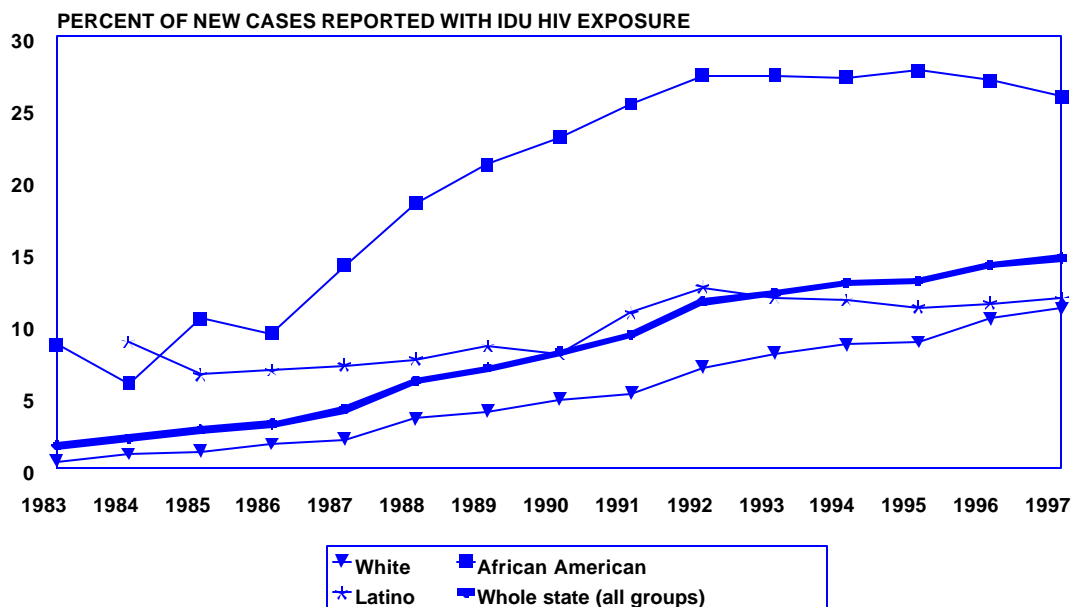
Figures reflect cases diagnosed through December 31, 1997, as of November 30, 1998.
Rates based on population projections provided by the California Department of Finance. Projections for 1997 are currently unavailable.
Source: California Department of Health Services, Office of AIDS, November 1998.

Figure 2
Percent of Females Among AIDS Cases in California for Racial/Ethnic Groups by Year of Diagnosis



Figures reflect cases diagnosed through December 31, 1997, as of November 30, 1998.
Percentages among Native Americans not shown due to small numbers. 1982-1984 data excluded due to small numbers.
Source: California Department of Health Services, Office of AIDS, November 1998.

Figure 3
Percent of New AIDS Cases in California Reported with IDU Exposure to HIV
for Racial/Ethnic Groups by Year of Diagnosis



Figures reflect cases diagnosed through December 31, 1997, as of November 30, 1998. Percentages among Asian/Pacific Americans and Native Americans not shown due to small numbers. Data from 1982 for all groups and data from 1983 for Latinos excluded due to small numbers.

Source: California Department of Health Services, Office of AIDS, November 1998.

Did Publicly Funded HIV Testing in California Increase Compared to the States With Name-Based Reporting Studied by Nakashima et al. (1998)?

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Background

Nakashima and colleagues published a study in *JAMA* in October 1998 based on analysis of data from six states that had implemented HIV reporting by name between 1991 and 1995.¹ The study concluded that "confidential HIV reporting by name did not appear to affect use of HIV testing in publicly funded counseling and testing programs."

Among the criticisms of the study expressed in letters to the editor of *JAMA* was the following: "The study did not include a comparison group adequate to allow a national-level conclusion. While the authors did compare rates before and after testing [sic], they did not include any analysis of states in which name-based reporting was not instituted. Thus, it is impossible for the authors to prove that testing rates might not have increased more dramatically in the states studied had name-based reporting not been instituted."²

In response, Nakashima and colleagues wrote: "We considered and rejected using comparison states.... The year-to-year median percentage changes in total number of HIV tests during 1992 through 1996 for areas with and without HIV reporting were similar in magnitude and trend."³

Neither letter displayed data to support or refute the hypothesis that testing increased more in states without name-based reporting than in states that instituted name-based reporting. The reference given by Nakashima et

al. in their letter of response does not show "median percentage changes," does not specify the numbers of high-risk persons who received tests, and does not cover changes in testing between 1990 and 1992. We therefore analyzed data from publicly funded counseling and testing programs in California that might address the hypothesis.

Methods

Each of the six states studied by Nakashima et al. (defined as the "study states") implemented name-based reporting in a different month and year. From the published paper,¹ we extracted the month and year that name reporting was implemented. We also extracted the number of HIV tests in the 12 months before name reporting was implemented and the number of HIV tests in the 12 months after name reporting was implemented, both total (from Nakashima's Table 1) and only for men who have sex with men (MSM, from Nakashima's Table 2). We focused on MSM for three reasons. First, in the study by Nakashima et al., testing decreased among MSM after name-based reporting was implemented in two states. Second, in a recent study, a higher proportion of untested MSM in states with name-based reporting than in other states cited concern about reporting as a factor for not testing (35% vs. 11%).⁴ Finally, the transmission risk category for most AIDS cases in California continues to be MSM (see Surveillance Report later in this issue).

For comparison, we analyzed 1990-1996 California publicly-funded counseling and testing data using methods similar to those of Nakashima et al. For each study state, "the number of HIV tests... were compared for the 12 months before and the 12 months after HIV reporting was introduced; data for the month when HIV name reporting was introduced were excluded."¹ For the 25-month period pertinent to each study state, we "excluded CT [counseling and testing] sites reporting fewer than 50 tests to the client record system" during the period and also "excluded sites that reported no tests for any month"¹ during the period. We compared the percent change in tests in the study state with the percent change in tests in California using a contingency-table approach and two-sided p values.

We also obtained qualitative information about "occurrences (e.g., media events, changes in program funding) that may have influenced counseling and testing trends" between 1990 and 1996 in California. This qualitative information is important for the interpretation of the quantitative data, since "many other factors unrelated to HIV reporting may have affected the secular trends in testing."¹ For example, Earvin "Magic" Johnson's announcement in November 1991 increased testing in both New York⁵ and California.⁶

Results

If name-based reporting deterred testing, then in comparison with the study states, California should have had either: (1) more increase in testing, (2) less

TABLE 1. Comparison of Number of Tests Performed in 12 Months Before versus in 12 Months After Name-Based Reporting – 6 States and California

States in Nakashima Study (12 months before reporting, 12 months after reporting), Listed Chronologically By Implementation Of Name-Based Reporting	Number of Tests in Study State in 12 Months Before and After Name-Based Reporting	% Increase or Decrease in Tests in Study State	Number of Tests in California in 12 Months Before and After Study State Implemented Name-Based Reporting	% Increase or Decrease in Tests in California
New Jersey (10/90-9/91, 11/91-10/92)	61,440 74,324	21.0% ^a	149,947 227,809	51.9%**
Tennessee (1/91-12/91, 2/92-1/93)	20,684 33,675	62.8%	195,294 246,819	26.4%**
Nevada (2/91-1/92, 3/92-2/93)	9,613 14,264	48.4%	199,384 242,301	21.5%**
Michigan (4/91-3/92, 5/92-4/93)	66,704 65,398	-2.0%	219,161 240,059	9.5%**
Louisiana (2/92-1/93, 3/93-2/94)	43,955 39,359	-10.5%	271,913 223,999	-17.6%**
Nebraska (9/94-8/95, 10/95-9/96)	4,348 5,035	15.8%	187,687 187,390	-0.2%**

a. In the Nakashima article, this percentage was given as 21.3%.

** p<.001 compared with study state.

TABLE 2. Comparison of Number of Tests Performed Among Men Who Have Sex with Men (MSM) in 12 Months versus in 12 months After Name-Based Reporting – 6 States and California

States in Nakashima Study (12 months before reporting, 12 months after reporting), Listed Chronologically by Implementation of Name-Based Reporting	Number of Tests in Study State Among MSM in 12 Months Before and After Name-Based Reporting	% Increase or Decrease in Tests in Study State	Number of Tests in California Among MSM in 12 Months Before and After Study State Implemented Name-Based	% Increase or Decrease in Tests in California
New Jersey (10/90-9/91, 11/91-10/92)	3,242 3,968	22.4%	23,281 23,693	1.8% **
Tennessee (1/91-12/91, 2/92-1/93)	2,734 2,622	-4.1%	26,482 26,113	-1.4%
Nevada (2/91-1/92, 3/92-2/93)	744 837	12.5%	26,160 25,817	-1.3% *
Michigan (4/91-3/92, 5/92-4/93)	3,905 4,113	5.3%	27,319 26,364	-3.5% **
Louisiana (2/92-1/93, 3/93-2/94)	1,332 1,274	-4.3%	28,255 24,135	-14.6% *
Nebraska (9/94-8/95, 10/95-9/96)	480 574	19.6%	21,593 20,009	-7.3% **

*p<.01 compared with study state. ** p<.001 compared with study state.

decrease in testing, or (3) increased, as opposed to decreased testing. Instead, in comparison with only two states (New Jersey and Michigan) were the California data consistent with the name-reporting-as-deterrent hypothesis (Table 1).

For MSM, the California data were inconsistent with the name-reporting-as-deterrent hypothesis in comparison with all the study states (Table 2). In comparison with all the states except Tennessee, the California data for MSM showed either significantly: (1) less increase in testing, (2) more decrease in testing, or (3) decreased, as opposed to increased testing. There was no significant difference in percent change in testing between California and Tennessee.

Other than Earvin “Magic” Johnson’s announcement, several factors may have influenced testing between 1990 and 1996. In state fiscal year July 1992-June 1993, increased monies were available for counseling and testing programs as a result of Earvin “Magic” Johnson’s announcement, and a billboard campaign was produced in California to encourage people to be tested for HIV. Beginning in mid-1996, outreach efforts in California again encouraged people to be tested for HIV. The potential effects of such factors on testing in California are mixed (Table 3). The identified factors in California may have increased testing in the period after New Jersey implemented name-based reporting (but not before that state implemented name-based reporting). For MSM, however, New Jersey experienced a significantly

TABLE 3. Potential Effects of Three Factors on Testing in California 1990-1996, by Study State*

States in Nakashima Study (12 months before reporting, 12 months after reporting), Listed Chronologically by Implementation of Name-Based Reporting	Earvin "Magic" Johnson's announcement, November 1991	Expansion of counseling and testing programs, July 1992-June 1993 fiscal year	Outreach efforts to high-risk populations, July 1992-June 1993 and July 1996-June 1997 fiscal years
New Jersey (10/90-9/91, 11/91-10/92)	May have increased testing in CA after NJ implemented name reporting	May have increased testing in CA after NJ implemented name reporting	May have increased testing in CA after NJ implemented name reporting
Tennessee (1/91-12/91, 2/92-1/93)	May have increased testing in CA before TN implemented name reporting	May have increased testing in CA after TN implemented name	May have increased testing in CA after TN implemented name
Nevada (2/91-1/92, 3/92-2/93)	May have increased testing in CA before NV implemented name reporting	May have increased testing in CA after NV implemented name	May have increased testing in CA after NV implemented name
Michigan (4/91-3/92, 5/92-4/93)	May have increased testing in CA before MI implemented name reporting	May have increased testing in CA after MI implemented name reporting	May have increased testing in CA after MI implemented name reporting
Louisiana (2/92-1/93, 3/93-2/94)		May have increased testing in CA before and after LA implemented name	May have increased testing in CA before and after LA implemented name
Nebraska (9/94-8/95, 10/95-9/96)			May have increased testing in CA after NE implemented name reporting

* In Nakashima et al.'s Table 4, "Earvin 'Magic' Johnson's announcement" was listed as a factor for MI, NJ, and TN; "expansion of counseling and testing programs," for NJ and NV; "outreach efforts to high-risk populations," for NV; and "efforts to reduce testing of low-risk populations," for LA. In addition, "anonymous testing actively encouraged" was listed as a factor for NE.

greater increase in testing than did California. Nebraska also experienced a significantly greater increase in testing than did California, even though one factor may have increased testing in California relative to Nebraska. For the other four states, the identified factors in California may have increased testing in the periods both before and after name-based reporting was implemented.

Conclusions

This analysis has several limitations besides the limitations noted by Nakashima et al.¹ on counseling and

testing data generally, and by Solomon et al.⁷ on the use of ecological data. First, we were limited by comparing Nakashima's data with only one state. It is possible that analysis of data from other states that did not implement name-based reporting between 1990 and 1996 would produce different results.

Second, we do not have information on the "percentage of persons actually at risk for HIV infection who tested."⁶ It is possible that California's counseling and testing efforts in the late 1980s produced a "market saturation" relative to the other states. This would result

in relatively fewer people in California unaware of their HIV status between 1990 and 1996 and relatively less opportunity for the numbers of tests to increase in California in those years.

Third, we did not analyze the data by sex or race/ethnicity. Fourth, we could not employ the Poisson regression statistical methods of Nakashima et al. because we did not have their raw data. The contingency-table approach to statistical significance in our study assumes independence of the number of tests before and after implementation of name-based reporting. Finally, we did not examine high-risk groups other than MSM.

Despite this study's limitations, we conclude that the hypothesis that HIV testing increased more in states without name-based HIV reporting than in states that instituted name-based HIV reporting is not supported by this analysis of California data. Detailed data from more states without name-based HIV reporting, and detailed data from the states studied by Nakashima et al., would be necessary to address the hypothesis more definitively.

Acknowledgements

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Recent Additions to the Office of AIDS Web Pages

REQUEST FOR AIDS CASE DATA AND OTHER EPIDEMIOLOGIC DATA

TYPES OF INFORMATION AND ASSISTANCE AVAILABLE

1. AIDS Surveillance Guidelines
2. Local Epidemiologic Fact Sheet
3. Computer Programming Support (HARS/PRODAS/EPI INFO)
4. AIDS Case Statistics
5. HIV Prevalence Estimates
6. Custom Data Analysis
7. Data Interpretation
8. Data Presentation
9. Design, Review, and Evaluation of HIV/AIDS Epidemiologic Reports/Profiles
10. Presentations and Local Meetings
11. Communications with Other Local Health Departments and the Centers for Disease Control and Prevention

<http://www.dhs.ca.gov/aids/Forms/Adobe/dhs8532.pdf>

AIDS AMONG RACIAL/ETHNIC GROUPS IN CALIFORNIA 1998 EDITION

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<http://www.dhs.ca.gov/AIDS/race/adobe/raceall98.pdf>

AIDS Drug Assistance Program Drug Formulary Revised May 1999

<http://www.dhs.ca.gov/AIDS/Adap/DRUGS.htm>

Table 1. AIDS cases by age group, exposure category, and gender reported April 1, 1999; for reporting periods April 1997 – and March 1998; and April 1998 – March 1999. Cumulative totals through March 31, 1999 in California.

Adult/adolescent Exposure Category	Male				Female				Total					
	April 1997- March 1998		April 1998- March 1999		April 1997- March 1998		April 1998- March 1999		April 1997- March 1998		April 1998- March 1999		Cumulative Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	4,055	70%	3,186	64%	-	-	-	-	4,055	62%	3,186	56%	78,935	71%
IDU (heterosexual)	635	11%	573	1%	217	32%	191	29%	870	13%	764	13%	11,020	10%
Homosexual/bisexual IDU	417	7%	360	7%	-	-	-	-	417	6%	360	6%	9,780	9%
Lesbian/bisexual IDU	-	-	-	-	6	1%	7	1%	6	0%	7	0%	128	0%
Coagulation Disorders	28	0%	23	0%	1	0%	1	0%	29	0%	24	0%	553	0%
Heterosexual	171	3%	161	3%	327	48%	295	44%	498	8%	456	8%	4,679	4%
Blood transfusion	39	1%	20	0%	24	4%	12	2%	63	1%	32	1%	1,592	1%
Other/undetermined	-	-	2	0%	1	0%	-	-	1	0%	2	0%	6	0%
Subtotal	5,814	100%	4,997	100%	679	100%	663	100%	6,493	100%	5,660	100%	110,903	100%
Pediatric (<13 years old)	April 1997- March 1998		April 1998- March 1999		April 1997- March 1998		April 1998- March 1999		April 1997- March 1998		April 1998- March 1999		Cumulative Total	
Exposure Category	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Coagulation Disorders	-	-	-	-	-	-	-	-	-	-	-	-	30	5%
Blood transfusion	-	-	-	-	-	-	-	-	-	-	-	-	111	19%
Mother at risk:														
--IDU	4	27%	-	-	1	14%	3	38%	5	23%	3	21%	150	26%
--Sex with IDU	1	7%	3	50%	-	-	1	13%	1	5%	4	29%	82	14%
--Sex w/bisexual male	-	-	1	17%	-	-	-	-	-	-	1	7%	28	5%
--Sex w/HIV infected	2	13%	1	17%	3	43%	1	13%	5	23%	2	14%	65	11%
--Blood transfusion	3	20%	-	-	-	-	-	-	3	14%	-	-	22	4%
--HIV infected	4	27%	-	-	3	43%	2	25%	7	32%	2	14%	78	14%
Other/undetermined	1	7%	1	17%	-	-	-	-	1	5%	1	7%	5	1%
Subtotal	15	100%	6	100%	7	100%	8	100%	22	100%	14	100%	576	100%
TOTAL	5,829		5,003		686		671		6,515		19,760		111,479	

Table 2. AIDS cases by age group, exposure category, and race/ethnicity reported through March 31, 1999 in California.

Adult/adolescent Exposure Category	White		Black		Hispanic		Asian/Pacific Islander		Native American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	53,727	79%	9,244	50%	13,906	66%	1,671	74%	261	56%	126	75%	78,935	71%
IDU (heterosexual)	4,113	6%	4,486	24%	2,235	11%	102	4%	69	15%	15	9%	11,020	10%
Homosexual/bisexual IDU	6,281	9%	1,832	10%	1,488	7%	84	4%	89	19%	6	4%	9,780	9%
Lesbian/bisexual IDU	55	0%	46	0%	21	0%	2	0%	4	1%	-	-	128	0%
Coagulation Disorders	377	1%	43	0%	104	0%	24	1%	1	0%	2	4%	533	0%
Heterosexual	1,669	2%	1,494	8%	1339	6%	156	7%	18	4%	3	2%	4,679	4%
Blood transfusion	920	1%	181	1%	371	2%	113	5%	3	1%	4	2%	1,592	1%
Other/undetermined	1,119	2%	1,184	6%	1,755	8%	119	5%	19	4%	9	5%	4,205	4%
Subtotal	68,266	100%	18,513	100%	21,221	100%	2,272	100%	464	100%	167	100%	110,903	100%
Pediatric (<13 years old)	White		Black		Hispanic		Asian/Pacific Islander		Native American		Not Specified		TOTAL	
Exposure Category	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Coagulation Disorders	16	10%	1	1%	11	5%	2	13%	-	-	-	-	-	-
Blood transfusion	52	26%	23	13%	39	18%	7	47%	-	-	-	-	111	19%
Mother at risk:														
--IDU	51	31%	69	39%	26	12%	-	-	4	80	-	-	150	26%
--Sex with IDU	19	12%	20	11%	41	19%	1	7%	1	20%	-	-	82	14%
--Sex w/bisexual male	8	5%	5	3%	14	7%	1	7%	-	-	-	-	28	5%
--Sex w/HIV infected	-	6%	12	7%	40	19%	3	20%	-	-	-	100%	65	11%
--Blood transfusion	7	4%	3	2%	12	6%	-	-	-	-	-	-	22	4%
--HIV infected	11	7%	42	24%	24	11%	1	7%	-	-	-	-	78	14%
Other/undetermined	-	-	3	2%	2	1%	-	-	-	-	-	-	5	1%
Subtotal	163	155%	178	100%	214	100%	15	100%	5	100%	1	100%	576	100%
TOTAL	68,429		18,691		21,435		2,287		469		168		111,479	

Table 3. Adult/adolescent AIDS cases by gender, exposure category, and race/ethnicity, through March 1999 in California.

Male Exposure Category	White		Black		Hispanic		Asian/ Pacific Is.		Native American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	53,727	82%	9,244	59%	13,906	71%	1,671	82%	261	63%	126	78%	78,935	76%
IDU (heterosexual)	3,028	5%	3,281	20%	70	3%	44	11%	10	6%	126	78%	8,216	8%
Homosexual/bisexual IDU	6,281	10%	1,832	12%	1,488	8%	84	4%	89	21%	6	4	9,780	9%
Coagulation Disorders	362	1%	41	0%	102	1%	24	1%	1	0%	4	2%	534	1%
Heterosexual	461	1%	466	3%	425	2%	37	2%	5	1%	3	2%	1,397	1%
Blood transfusion	594	1%	87	1%	178	1%	63	3%	2	0%	3	2%	927	1%
Other/undetermined	942	1%	889	6%	1,524	8%	99	5%	13	3%	9	6%	3,476	3%
Subtotal	65,397	100%	15,779	100%	1,9470	100%	2,048	100%	415	100%	161	100%	103,270	100%
Female Exposure Category	White		Black		Hispanic		Asian/ Pacific Is.		Native- American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
IDU	1,085	38%	1,268	46%	389	22%	32	14%	25	51%	5	83%	2,804	37%
Lesbian/bisexual IDU	55	2%	46	2%	21	1%	2	1%	4	8%	-	-	128	2%
Coagulation Disorders	15	1%	2	0%	2	0%	-	-	-	-	-	-	19	0%
Heterosexual	1,208	42%	1,028	38%	914	52%	119	53%	13	27%	-	-	3,282	43%
Blood transfusion	326	11%	94	3%	193	11%	50	22%	1	2%	1	17%	665	9%
Other/undetermined	2	0%	-	-	1	0-	-	-	-	-	-	-	3	0
Subtotal	5,869	100%	2,734	100%	1,751	100%	224	100%	49	100%	6	100%	7,633	100%
TOTAL	68,266		18,513		20,990		2,272		458		167		111,070	

Table 4 . AIDS cases in adolescents and adults under age 25, by exposure category reported April 1,1997 - March 31, 1998 and April 1, 1998 - March 31, 1999; and cumulative totals by age group through March 31, 1999 in California.

Exposure Category	13-19 years old						20-24 years old					
	April 1997-		April 1998-				April 1997-		April 1998-			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Homosexual/bisexual	9	28%	5	23%	99	31%	96	55%	73	46%	1,944	60%
IDU (heterosexual)	2	6%	3	14%	14	4%	21	12%	11	7%	311	10%
Homosexual/bisexual	5	16%	-	-	16	5%	8	5%	10	6%	378	12%
Lesbian/bisexual IDU	-	-	-	-	1	0%	-	-	1	15%	-	-
Coagulation	3	9%	4	18%	79	24%	3	2%	4	3%	68	2%
Heterosexual	2	6%	-	-	40	12%	22	13%	27	17%	306	9%
Blood transfusion	6	19%	1	5%	45	14%	-	-	-	-	36	1%
Other/undetermined	3	9%	6	27%	2	7%	26	15%	32	20%	176	5%
TOTAL	32	100%	22	100%	270	100%	176	100%	158	100%	3,225	100%

Table 5. AIDS cases by gender, age at diagnosis, and race/ethnicity, reported through March, 31, 1999 in California.

Male Age at Years	White		Black		Hispanic		Asian/Pacific Is.		Native		Not		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-4	47	0%	67	0%	72	0%	4	0%	2	0%	-	-	192	0%
5-12	40	0%	28	0%	39	0%	4	0%	-	-	-	-	111	0%
13-19	80	0%	37	0%	112	1%	9	0%	3	1%	-	-	241	0%
20-24	1,287	2%	458	3%	941	5%	68	3%	14	3%	5	3%	2,773	3%
25-29	7,145	11%	2,029	13%	3,568	18%	265	13%	75	18%	24	15%	13,106	13%
30-34	14,426	22%	3,589	23%	5,017	26%	432	21%	118	28%	33	20%	23,615	23%
35-39	15,104	23%	3,655	23%	4,077	21%	448	22%	100	24%	38	24%	23,422	23%
40-44	11,573	18%	2,710	17%	2,678	14%	380	18%	55	13%	25	16%	17,421	17%
45-49	7,339	11%	1,621	10%	1,402	7%	229	11%	25	6%	15	9%	10,631	10%
50-54	4,073	6%	855	5%	788	4%	91	4%	11%	3%	8	5%	5,826	6%
55-59	2,231	3%	440	3%	459	2%	67	3%	8	2%	8	5%	3,213	3%
60-64	1,210	2%	225	1%	247	1%	31	2%	3	1%	2	1%	1,718	2%
65 or older	929	1%	160	1%	181	1%	28	1%	3	1%	3	2%	1,304	1%
Subtotal	65,484	100%	15,874	100%	19,581	100%	2,056	100%	417	100%	161	100%	103,573	100%
Female Age at Years	White		Black		Hispanic		Asian/ Pacific Is.		Native American		Not Specified		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-4	50	2%	66	2%	80	4%	4	2%	3	6%	1	14%	204	3%
5-12	26	1%	17	1%	23	1%	3	1%	.	.	.	.	69	1%
13-19	25	1%	23	1%	31	2%	4	2%	.	.	.	.	83	1%
20-24	145	5%	141	5%	155	8%	8	3%	3	6%	.	.	452	6%
25-29	420	14%	363	13%	334	18%	34	15%	9	17%	.	.	1160	15%
30-34	609	21%	558	20%	356	19%	27	12%	13	25%	2	29%	1565	20%
35-39	522	18%	629	22%	321	17%	49	21%	9	17%	1	14%	1531	19%
40-44	422	14%	462	16%	227	12%	28	12%	6	12%	1	14%	1146	14%
45-49	266	9%	286	10%	116	6%	30	13%	3	6%	1	14%	702	9%
50-54	144	5%	118	4%	81	4%	13	6%	4	8%	.	.	360	5%
55-59	81	3%	75	3%	61	3%	13	6%	1	2%	.	.	231	3%
60-64	71	2%	38	1%	38	2%	7	3%	.	.	.	.	154	2%
65 or older	164	6%	41	1%	31	2%	11	5%	1	2%	1	14%	249	3%
Subtotal	2,945	100%	2,817	100%	1,854	100%	231	100%	52	100%	7	100%	7,906	100%
Total	68,429		18,691		21,435		2,287		469		168		111,479	

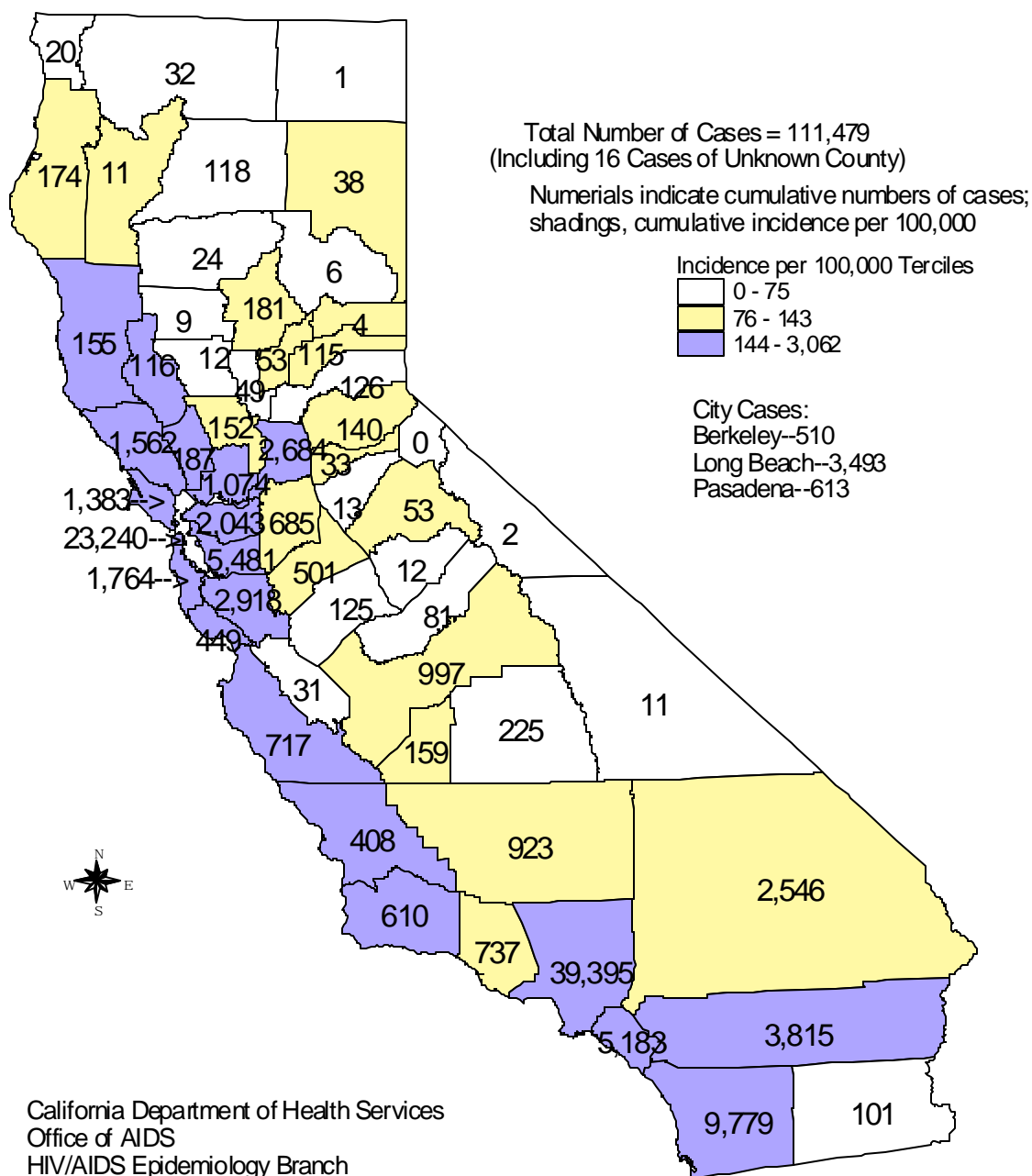
Table 6. AIDS cases, deaths, and case-fatality rates by half-year of diagnosis through March 31, 1999 in California.

Half-Year of Diagnosis	Number of Cases	Number of Deaths	Case Fatality Rate
Before 1983	306	291	95%
1983 Jan-June	296	285	96%
July-Dec	412	397	96%
1984 Jan-June	599	576	96%
July-Dec	810	782	97%
1985 Jan-June	1177	1132	96%
July-Dec	1409	1363	97%
1986 Jan-June	1852	1781	96%
July-Dec	2221	2137	96%
1987 Jan-June	2792	2666	95%
July-Dec	2886	2723	94%
1988 Jan-June	3326	3113	94%
July-Dec	3420	3161	92%
1989 Jan-June	4158	3742	90%
July-Dec	4088	3647	89%
1990 Jan-June	4580	3928	86%
July-Dec	4460	3805	85%
1991 Jan-June	5321	4328	81%
July-Dec	5879	4642	79%
1992 Jan-June	6390	4600	72%
July-Dec	6224	4223	68%
1993 Jan-June	6371	3853	60%
July-Dec	5564	2925	53%
1994 Jan-June	5565	2480	45%
July-Dec	4772	1759	37%
1995 Jan-June	5062	1399	28%
July-Dec	4286	960	22%
1996 Jan-June	4083	745	18%
July-Dec	3176	452	14%
1997 Jan-June	2998	358	12%
July-Dec	2504	282	11%
1998 Jan-June	2280	247	11%
July-Dec	1872	139	7%
1999 Jan-Mar	340	19	6%
TOTAL	111479	68940	62%

Table 7. AIDS Cases & Cumulative Incidence 1981 through March 31, 1999 in California

COUNTY <i>CITY</i>	AIDS Cases	Deaths	Case Fatality Rate	Incidence Per 100,000	COUNTY	AIDS Cases	Deaths	Case Fatality Rate	Incidence Per 100,000
Alameda	5,481	3,351	61.1%	393.44	Orange	5,183	2,849	55.0%	191.06
<i>Berkeley</i>	510	331	64.9%	486.18	Placer	126	68	54.0%	57.68
Alpine	0	0	0.0%	0.00	Plumas	6	3	50.0%	27.49
Amador	33	19	57.6%	99.37	Riverside	3,815	1,931	50.6%	245.89
Butte	181	117	64.6%	88.80	Sacramento	2,684	1,680	62.6%	220.71
Calaveras	13	8	61.5%	29.70	San Benito	31	15	48.4%	69.90
Colusa	12	11	91.7%	62.38	San Bernardino	2,546	1,433	56.3%	143.08
Contra Costa	2,043	1,306	63.9%	224.61	San Diego	9,779	5,686	58.1%	358.73
Del Norte	20	11	55.0%	64.81	San Francisco	23,240	15,988	68.8%	3,062.02
El Dorado	140	88	62.9%	88.92	San Joaquin	685	415	60.6%	121.98
Fresno	997	632	63.4%	120.47	San Luis Obispo	408	193	47.3%	176.42
Glenn	9	6	66.7%	31.57	San Mateo	1,764	1,080	61.2%	248.10
Humboldt	174	103	59.2%	132.20	Santa Barbara	610	421	69.0%	153.30
Imperial	101	49	48.5%	75.39	Santa Clara	2,918	1,726	59.2%	179.04
Inyo	11	7	63.6%	56.38	Santa Cruz	449	271	60.4%	186.34
Kern	923	419	45.4%	135.80	Shasta	118	87	73.7%	66.38
Kings	159	56	35.2%	140.76	Sierra	4	4	100.0%	119.40
Lake	116	59	50.9%	188.93	Siskiyou	32	17	53.1%	68.14
Lassen	38	14	36.8%	141.50	Solano	1,074	570	53.1%	258.61
Los Angeles	39,395	24,588	62.4%	408.81	Sonoma	1,562	988	63.3%	354.92
<i>Long Beach</i>	3,493	2,128	60.9%	797.85	Stanislaus	501	286	57.1%	110.63
<i>Pasadena</i>	613	387	63.1%	456.10	Sutter	49	31	63.3%	61.69
Madera	81	45	55.6%	71.84	Tehama	24	11	45.8%	40.74
Marin	1,383	745	53.9%	572.99	Trinity	11	8	72.7%	77.64
Mariposa	12	3	25.0%	67.43	Tulare	225	154	68.4%	59.36
Mendocino	155	107	69.0%	170.82	Tuolumne	53	32	60.4%	94.58
Merced	125	75	60.0%	58.29	Ventura	737	460	62.4%	100.46
Modoc	1	1	100.0%	9.23	Yolo	152	93	61.2%	95.76
Mono	2	2	100.0%	18.48	Yuba	53	32	60.4%	75.96
Monterey	717	407	56.8%	188.45	Unknown	16	5	31.3%	
Napa	187	112	59.9%	155.11					
Nevada	115	62	53.9%	119.41					
					TOTAL	111,479	68,940	61.8%	331.41

Cumulative AIDS Cases in California by County, as of March 31, 1999



MEETINGS/ANNOUNCEMENTS

Note to Readers: There was no "April 1999" issue of the *California HIV/AIDS Update* because we are on a new production schedule. In the past, the issues for each year were dated "January" (issue #1), "April" (issue #2), "July" (issue #3), and "October" (issue #4). Beginning with this month, issue #1 for each year will be dated "March"; issue #2, "June"; issue #3, "September"; and issue #4, "December."

Errata: Due to a production error, the pages in the January 1999 issue (volume 12, number 1) were numbered incorrectly. The cover should have been page "1." The first numbered page should have been page "2" and the last numbered page should have been page "19," leaving the back page as page "20." This June 1999 issue begins with page "21."

August 29 – September 1, 1999 "National HIV Prevention Conference," Atlanta, Georgia. This conference will focus on sharing prevention approaches and research findings among governmental, community, and research findings among governmental, community and academic partners in HIV prevention. Conference topics are epidemiological reporting, ethical issues, health education, HIV prevention, research programs and surveillance. This conference is sponsored by the Centers for Disease Control and Prevention (CDC). Contact WEB: www.cdc.gov/nchstp/hiv/aids/conferences/nhpc99.htm.

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